

## Safe at Home WV Wraparound Referral Form

<b>Safe at Home WV Eligibility:</b>	
<input type="checkbox"/>	Youth, ages 12 to 17 (up to the youth's 17 <sup>th</sup> birthday) with a diagnosis of a severe emotional or behavioral disturbance that impedes his or her daily functioning (according to standard diagnostic criteria ) <u>currently in out-of-state residential placement and cannot return successfully without extra support, linkage and services provided by wraparound;</u>
<input type="checkbox"/>	Youth, ages 12 to 17 (up to the youth's 17 <sup>th</sup> birthday) with a diagnosis of a severe emotional or behavioral disturbance that impedes his or her daily functioning (according to standard diagnostic criteria) <u>currently in in-state residential placement and cannot be reunified successfully without extra support, linkage and services provided by wraparound;</u>
<input type="checkbox"/>	Youth, ages 12 to 17 (up to the youth's 17 <sup>th</sup> birthday) with a diagnosis of a severe emotional or behavioral disturbance that impedes his or her daily functioning (according to standard diagnostic criteria) <u>at risk of out-of-state residential placement and utilization of wraparound can safely prevent the placement;</u>
<input type="checkbox"/>	Youth, ages 12 to 17 (up to the youth's 17 <sup>th</sup> birthday) with a diagnosis of a severe emotional or behavioral disturbance that impedes his or her daily functioning (according to standard diagnostic criteria) <u>at risk of in-state residential or PRTF residential placement and they can be safely served at home by utilizing wraparound;</u>

<b>Client Details:</b>		
Name:		
Client ID#:		Facts Case #:
Worker:	Phone #:    -    -	Worker email:
D.O.B.:		Home County:
Race:	Gender: <input type="checkbox"/> Male <input type="checkbox"/> Female	SSN:
Medicaid <input type="checkbox"/> Yes <input type="checkbox"/> No	Medicaid ID#:	
Private Insurance Carrier* <input type="checkbox"/> Yes <input type="checkbox"/> No	Judge:	

<b>Permanent Address:</b>		Phone #: - -	
Address 1:			
Address 2:			
City:		State:	Zip:
<b>Current Address:</b>		Phone #: - -	
Address 1:			
Address 2:			
City:		State:	Zip:

<b>Custody:</b>			
Custody Status:		Temporary: <input type="checkbox"/> Permanent: <input type="checkbox"/>	
Legal Guardian (DHHR/DJS):		Phone #: - - ext:	
Attorney:		Phone #: - - ext:	
G.A.L.:		Phone #: - - ext:	
J.P.O.:		Phone #: - - ext:	

<b>1: Education Status:</b>	
Grade:	
Is there a current IEP? (*Please attach)	<input type="checkbox"/> Yes* <input type="checkbox"/> No
Is the client currently expelled from educational institution?	<input type="checkbox"/> Yes* <input type="checkbox"/> No
*If yes, date effective:	Name of School:
High School Diploma: <input type="checkbox"/> Yes* <input type="checkbox"/> No	GED: <input type="checkbox"/> Yes* <input type="checkbox"/> No

**2: Permanency Plan/Step-down Plan:**

(Please continue at end if necessary. Addendum #2)

Step-down Caretaker:

Phone #:    -    -    ext:

Step-down Caretaker relationship to Client:

**3: Clinical Review Date (If applicable):**

**Recommendations for Safe at Home WV Referral:**

(Please continue at end if necessary. Addendum #3)

Was Clinical Review less than 30 days ago?     Yes\*     No

**\* IF YES ENCLOSE SECTIONS 1, 2 & 3 THEN SKIP TO SECTION 10.**

**4: Presenting Problems:**

(Please continue at end if necessary. Addendum #4)

**5: Placement History:**

(Please continue at end if necessary. Addendum #5)

**6: Abuse/Neglect History:**

(Please continue at end if necessary. Addendum #6)

**7: Youth Services History:** Yes\*:  No:  \*Please give details

**Delinquency:** Yes:  No:

**Status of Offense:**

**If on probation, please list the charges:**

(Please continue at end if necessary. Addendum #7)

**8: Diagnosis and Full Scale IQ:**

(Please continue at end if necessary. Addendum #8)

**9: Medical Conditions:**

**Current Medications:**

(Please continue at end if necessary. Addendum #9)

## **10: Reason for Safe at Home WV Request:**

**a: Why have placements/home disrupted or why is child at risk of placement?**

(Please continue at end if necessary. Addendum #9)

**b: What services have been exhausted by youth & family or provider?**

(Please continue at end if necessary. Addendum #10)

**c: What formal or informal support services are needed to facilitate the youth's successful return to their designated community?**

(Please continue at end if necessary. Addendum #11)

**d: What formal or informal support services are available in the returning youth's designated community?**

(Please continue at end if necessary. Addendum #12)

## 11: Required Documents:

<b>Attachment</b>	<b>Submitted &amp; Attached</b>	<b>Not Applicable</b>	<b>Safe at Home WV Received</b> <small>(Safe at Home WV use only)</small>
IEP	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/>	<input type="checkbox"/>
Service Log for Child	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/>	<input type="checkbox"/>
Service Log for Caretaker	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/>	<input type="checkbox"/>
Treatment Plan	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/>	<input type="checkbox"/>
Discharge Plan from Facility/Provider	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/>	<input type="checkbox"/>
Safety Plan	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/>	<input type="checkbox"/>
Clinical Reviews from Last 6 Months	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/>	<input type="checkbox"/>

## 12: Referral Source:

<b>Worker Signature:</b>	
<b>Print Name:</b>	<b>Date:</b>
<b>Supervisor Signature:</b>	<b>Date:</b>
<b>Print Name:</b>	
<b>Child's Name:</b>	<b>Client ID:</b>
<b>Was Safe at Home WV referral discussed with parent/guardian:</b>	<input type="checkbox"/> Yes <input type="checkbox"/> No
<b>Did Parent/Guardian agree to Safe at Home WV referral</b>	<input type="checkbox"/> Yes <input type="checkbox"/> No

<b>13: Safe at Home WV Referral Outcome:</b>	
<b>Child's Name:</b>	<b>Client ID:</b>
<b>Safe at Home WV Approved</b>	<input type="checkbox"/> Yes <input type="checkbox"/> No
<b>Regional Program Manager Signature:</b>	
<b>Print Name:</b>	<b>Date:</b>
<b>Recommendations:</b>	
(Please continue at end if necessary. Addendum #13)	

Addendum #2-Permanency Plan/Step-down Plan. Continued:

Addendum #3-Clinical Review Recommendations for WV Safe at Home Continued:

Addendum #4-Presenting Problems. Continued:

Addendum #5-Placement History. Continued:

Addendum #6-Abuse/Neglect History. Continued:

Addendum #7-Youth Services History. Continued:

Addendum #8-Diagnosis. Continued:

Addendum #9-Medical Conditions. Continued:

Addendum #10a-Why have placements/home disrupted or why is child at risk of placement? Continued:

Addendum #10b-What services have been exhausted by youth & family? Continued:

Addendum #10c-What formal or informal support services are needed to facilitate the youth's successful return to their designated community? Continued:

Addendum #10d-What formal or informal support services are available in the returning youth's designated community? Continued:

Addendum #13-Safe at Home WV Outcome Recommendations. Continued: